

CLAIMS ONLY							Application Number <i>101692775</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/							
2		/						
3		/						
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Total Indep	<i>4</i>							
Total Depend	<i>23</i>							
Total Claims	<i>27</i>							

New